

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011799	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/16/2014
NAME OF PROVIDER OR SUPPLIER GREEN TREE AT POST ROAD		STREET ADDRESS, CITY, STATE, ZIP CODE 8800 SPOON DR INDIANAPOLIS, IN 46219		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on April 9, 2014.</p> <p>Survey Date: May 16, 2014</p> <p>Facility Number: 011799 Provider Number: 011799 AIM Number: N/A</p> <p>Survey Team: Karina Gates, Generalist TC Courtney Mujic, RN Tom Stauss, RN</p> <p>Census Bed Type: Residential: 42 Total: 42</p> <p>Census Payor Type: Other: 42 Total: 42</p> <p>Sample: 3</p> <p>Green Tree At Post Road was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the State Residential Licensure Survey completed on April 9, 2014.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE